



Consider it done!

APPLICATION FOR CREDIT

Firm Name: Telephone:

DBA: Fax:

Mailing Address1:

Mailing Address2:

City: State: Zip Code:

Type of Business: Proprietorship Partnership Corp Age of Firm \*\*Tax Exempt:

Company Officer Name/Title:

Company Officer Name/Title:

Accounts Payable Contact:

Nature of Business:

Bank Name: Acct. No.:

TRADE REFERENCE—Require Three

Name

Address

Address

City, State Zip code

Phone Fax

Name

Address

Address

City, State Zip code

Phone Fax

Name

Address

Address

City, State Zip code

Phone Fax

TERMS OF SALE & CREDIT AVAILABILITY

Terms of Sales, including price, terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The customer hereby agrees to pay all costs of collection of legal fees should such action be necessary due to non-payment. The above information is willingly supplied and ABR Services Inc is authorized to contact the above bank and trade references in order to establish the credit worthiness of the above company

Authorized Signature

\*\* A tax exempt certificated must be attached if answer is Yes